PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 20, 1000

Application or Docket Number

Ellective December 29, 1999									09/645880					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMA TYP	LL I	ENTITY	OR	OTHER SMALL		
FOR			NUMBER FILED			NUMBER	RAT	E	FEE	[RATE	FEE		
BASIC FEE							ant the second	200	4	345.00	OR		690.00	
TC	TAL CLAIMS		11	minus 2	20=	*		X\$ 9)=		OR	X\$18=		
INDEPENDENT CLAIMS 3 minus 3 = *					*		X39	=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT								+130)=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									٩L		OR	TOTAL	69000	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY OR			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLA REMA AFT AMENI	INING TER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*		Minus	**		=	X\$ 9)=		OR	X\$18=		
ME	Independent	*		Minus	***		=	X39	=		OR	X78=		
_	FIRST PRESE	NTATIO	N OF ML	ILTIPLE DEF	PEND	DENT CLAIM		+130)=		OR	+260=	-	
									TAL		OR	TOTAL ADDIT. FEE		
		(Colu	mn 1)		(C	Column 2)	(Column 3)	ADDIT. I	FEE I			AUUII. FEE		
AMENDMENT B		CLA REMA AFI AMENI	INING FER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	-	Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent	*	N OF M	Minus	**		=	X39	=		OR	X78=		
\vdash	FIRST PRESE	INTATIO	N OF WIL	JETIPLE DEI	PEN	JENT CLAIV	<u> </u>	+130)=		OR	+260=		
ŀ								TC ADDIT.	TAL		OR	TOTAL ADDIT. FEE		
			mn 1)			Column 2)	(Column 3)				_			
AMENDMENT C		REMA AF	AIMS AINING TER DMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=	X\$ 9)= ·		OR	X\$18=		
	Independent	*		Minus	**	*	=	X39)=		1	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1,00			OR		 	
	If the entry in eath	mn 1 ie le	see than th	ne entry in col-	ımn ^q	write "O" in o	olumn 2	+130			OR	+260=		
										TOTAL ADDIT, FEE				
1	The "Highest Num	nher Prev	iously Pai	id For" (Total o	or Inde	enendent) is th	e highest number	found in the	ne an	propriate bo	x in co	dumn 1		

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/645 886

Total Fee Calculation

Total Fee Calculation										
	Fæ Cade	Total # Claims	Number Extra	X	Fee	Fe==	Tota!			
	Sm_L;				Sa. Eaury	Lg. Eattru				
Basic Filling Fee	201/101					690.00 =	40			
Total Claims >20 .	203/103	-20 =		χ		<u> </u>	676100			
ladependent Claims >3	202/102			Х						
Multi Dep Claim Present	204/104	-								
Surchurge	205/103	,			-	=				
Eaglish Translation	130					<u> 130,</u> 00 =	130,00			
TOTAL FEE CALCULA	אסוד						828.53			
Fees due upon filing ti	e applicăues.									
Total Filing Fees Due	= \$	820,00		_						
Less Filing Fees Submi	ned - \$			_		,	•			
BALANCE DUE	= S <u>8</u>	20.00		-						
_ A . M										

FORM OPE-RAM-01 (Rev. 12/97)